

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5857**
Registrar's No. **47**

920

FILED FEB 21 1950

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **6031** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rt # 2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rt # 2 0973	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Rt # 2, ST. CHARLES		d. STREET ADDRESS (If rural, give location) Rural Rt # 2 St Charles Mo	
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Wm c. (Last) Amrein		4. DATE OF DEATH (Month) (Day) (Year) Jan 26, 1950	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 9, 1861
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	9. AGE (In years last birthday) 88 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 YEAR: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) O'Fallon Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Anton Amrein		13b. MOTHER'S MAIDEN NAME Julia Young	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. NAME OF HUSBAND OR WIFE Theresa Amrein	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME St Charles MO Mrs Theresa Amrein	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension Arteriosclerosis 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 5, 1947 , to 25 Jan., 1950 , that I last saw the deceased alive on 22 Jan., 1950 , and that death occurred at 8:45 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE W. J. Lawrence (Degree or title) MD		23b. ADDRESS 114 N. Main St. Charles Mo	
23c. DATE SIGNED 1 Feb 50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 28-50	
24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) St Charles Mo.	
DATE REC'D BY LOCAL REG. 2-8-50		REGISTRAR'S SIGNATURE Theresa Amrein	
25. FUNERAL DIRECTOR'S SIGNATURE Theresa Amrein		ADDRESS St Charles Mo	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District File Number.....

District Health Officer No. 9
RECEIVED
FEB 15 1950

APR 28 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Arthur C. Baw.....

Licensed Embalmer No. 3155.....

P. O. Address S X Charles Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.